(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL092189 07/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 221 EAST BARBEE STREET **JACKSON FAMILY CARE HOME** ZEBULON, NC 27597 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a biennial construction survey done by Bob Getchell on July 9, 2015. This facility was first licensed as a Family Care Home for five (5) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on June 13, 2007. Based on this we are requiring the home to be in compliance with the 2005 Rules 10A NCAC 13G for the Licensing of Family Care Homes, and, the 2002 North Carolina State Building Code - Section 421.2 -Residential Care Homes. Deficiencies were noted which will require a new plan of correction. C 147 Outside Entrances/Exits-Single Hand Motion C 147 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having exit door hardware that is not single motion. This would affect all residents by not allowing free egress in an emergency. Findings include: a) The back exit door has hardware that must be unlocked before the knob can be turned to exit.

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		FCL092189	B. WING		07/0	9/2015
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
JACKSO	N FAMILY CARE HOM	/I -	BARBEE S' I, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 147	Continued From pa	ge 1	C 147			
		oor has hardware that must be knob can be turned to exit.				
C 151	Laundry Room		C 151			
	The laundry equipm	THE BUILDING 813 LAUNDRY ROOM nent in a family care home t of the living, dining, and				
		vation, the mechanical the Laundry Room was not				
	Findings include:					
	The backdraft dam dryer exhaust duct.	per is broken on the clothes				
C 153	Houskeeping And F	Furnishings-Clean, Repaired	C 153			
	FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture	HOUSEKEEPING AND				
	This Rule is not me 1. Based on obser- not maintained in g	vation, the furnishings were				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
		FCL092189	B. WING 07		07/0	/09/2015	
			DRESS, CITY, S	STATE, ZIP CODE			
JACKSON FAMILY CARE HOME 221 EAST			BARBEE S ¹ I, NC 27597	FREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
C 153	Continued From pa	ge 2	C 153				
	Findings include: a) Back left bedroom has worn furniture missing handles on drawers.						
C 168	Fire Extinguishers		C 168				
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) Fire extinguishers shall be provided which meet these minimum requirements in a family care home: (1) one five pound or larger (net charge) "A-B-C" type centrally located; (2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and (3) any other location as determined by the code enforcement official. This Rule is not met as evidenced by:						
	protection equipme safe manner. This	vation, the building fire int was not maintained in a would affect all residents by ection equipment operable for cy.					
		s on the fire extinguishers ed monthly checks are not er NFPA 10.					
C 174	Building Equipment	t Maintained Safe, Operating	C 174				
	EQUIPMENT (a) The building a mechanical, and plu	THE BUILDING B17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED				
		FCL092189	B. WING		07/0	9/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
1401/00	N FAMILY CARE LIGA	221 EAST	BARBEE S	TREET				
JACKSU	N FAMILY CARE HON	ZEBULON	N, NC 27597					
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C 174	Continued From pa	ge 3	C 174					
	operating condition.							
		apply to new and existing						
	This Rule is not me	et as evidenced by:						
		vation, the building smoke						
	detection system was not maintained to keep the facility safe.							
	Findings include:							
		ector in the Staff bedroom did						
		e equipment was activated,						
		ector in the Front corridor did e equipment was activated,						
	2. Based on observ system was not ma	vation, the building electrical intained safe.						
	Findings include:							
		hind the microwave is ed polarity in the wiring.						
	3. Based on observas not maintained	vation the bathroom shower safe.						
	Findings include: The grab bar in the	shower is loose.						
	were not maintained	vation, the facility components d operable by having doors ompletely and latch. This ents privacy.						
	Findings include:							
		s have issues: m door is scrubbing the frame, om door will not close and						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
		FCL092189	B. WING		07/0	9/2015	
				STATE, ZIP CODE	1 0170	3/2010	
JACKSO	N FAMILY CARE HON	ΛF	BARBEE ST	TREET			
	OLIMANA DV. OTA		I, NC 27597	DDOVIDEDIO DI ANI OF CODDECTIO	ON!		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
C 174	Continued From pa	ge 4	C 174				
	5. Based on obser components were r	vation, the exterior building not maintained.					
	Findings include: a) Some of the sidb) Paint is peeled ofc) Paint is peeled of						
C 177	Building Service Ed	uipment-Hot Water	C 177				
	EQUIPMENT (d) The hot water provide an adequat kitchen, bathrooms temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C)	tank shall be of such size to the supply of hot water to the and laundry. The hot water ixtures used by residents shall minimum of 100 degrees For I shall not exceed 116 degrees apply to new and existing					
		vation, the hot water was not					
	(Thermostat was in	ed at 120 degrees F. Inmediately turned down and Iter heater until hot water was					
C 179	Building Service Ed	uipment-Night Lights	C 179				
	EQUIPMENT	THE BUILDING 817 BUILDING SERVICE eas shall be well lighted for the					

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DIVISION	of Health Service Re	guiation	ı			
AND DI AN OF CORRECTION INTEREST.		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL092189	B. WING		07/0	9/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE	•	
NAME OF I	NOVIDEN ON SOIT EIEN		BARBEE S			
JACKSO	N FAMILY CARE HON	/F	I, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 179	Continued From pa	ge 5	C 179			
	minimum lighting re (3) 1 foot-candle p at night. (j) This Rule shall family care homes. This Rule is not me	apply to new and existing et as evidenced by: vation, the back hallway was				
C 183	Outside Premises-0	Clean, Safe	C 183			
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.					
	This Rule is not me 1. Based on obser- maintained to keep	vation, the crawlspace was not				
	Findings include: There are openings crawlspace.	s in the foundation to the				

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